

State of New Hampshire

Home Exercise Equipment Reimbursement Program

It's about living right, a little exercise, good eating habits and a positive outlook. It's a 24/7 job and you need the right tools to help get the job done. But where can you find the right tools?

If you're a State of New Hampshire HMO member and you're the plan subscriber, you're eligible to get reimbursed for exercising! Get up to \$200 back each year on one piece of home exercise equipment. It must be something that gives a cardiovascular or muscular total-body workout (and bought new at a retail store or online). OR you can choose to get up to \$450 back each year for membership dues at a health club or gym - you choose! (use the Anthem Fitness Facility Reimbursement form).

Types of equipment you CAN get paid back for

- Treadmills
- Stationary cycles
- Bike stands (to convert road bike to stationary cycle)
- Stair climbing machines
- Elliptical machines
- Rowing machines
- Cross-country ski machines
- Air walkers
- Home gyms (such as Bowflex Revolution®)
- Total-body weight resistance machines

Types of equipment you CAN'T get paid back for

Muscle-specific resistance equipment

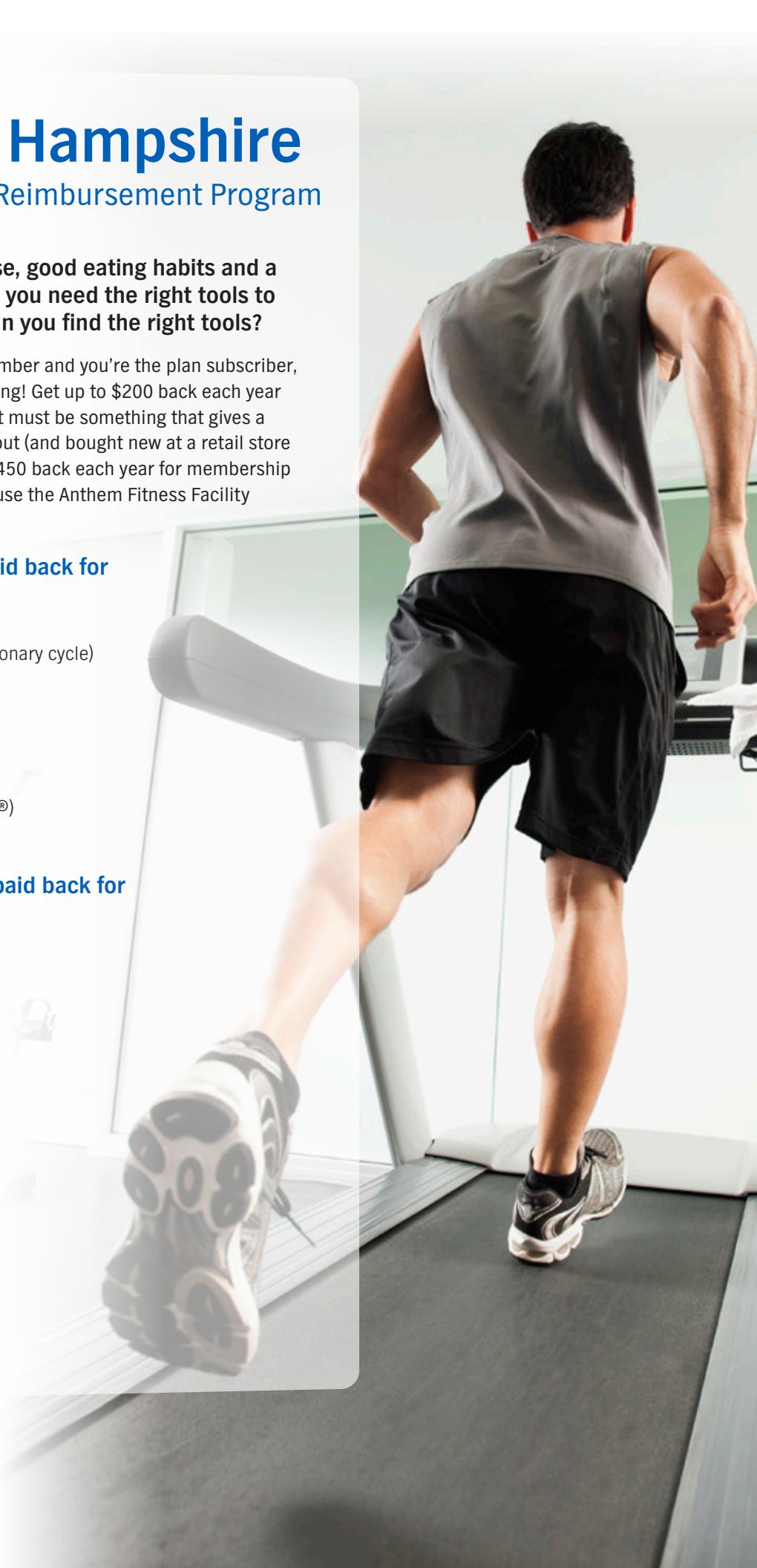
- Resistance bands
- Abdominal rollers
- Thigh or buttocks machines
- Exercise videos or mats
- Free weights and/or weight benches

Outdoor recreational equipment

- Golf clubs
- Bicycles
- Game balls
- Skates
- Skis
- Tennis racquets
- Inline skates/Rollerblades®

Other

- Exercise clothing or shoes
- Any used equipment



State of New Hampshire Home Exercise Equipment Reimbursement Form



Please read these instructions before filling out this form. You can fill it out right on your computer, but you must then print it out and mail it in. Or, you can print out the blank form and then fill it out and mail it in. You must fill out ALL areas that aren't shaded and use ink that doesn't erase. Be sure to attach a copy of your receipt. Please allow six to eight weeks for your reimbursement.

Section 1: Member information

Last name	First name	Middle initial
Date of birth (MM/DD/YYYY)	Member ID no. (Anthem Blue Cross and Blue Shield members include three-letter prefix)	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Group (employer) name	Division no.	

Section 2: Subscriber information

Last name	First name	Middle initial
Street address	City	State
Telephone no.	ZIP code	
Is this a new address? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Section 3: Equipment information

Name of store or website where equipment was purchased	City	State
Participating vendor ID no. 82-9999999-NH-02	Name of equipment	

DO NOT WRITE IN SHADED AREAS

Date of purchase (MM/DD/YYYY)	Place of service OL	Diagnosis code R69	Cost of equipment \$	Date form completed (MM/DD/YYYY)	Procedure code A9300
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I authorize the release to Anthem Blue Cross and Blue Shield of any information necessary to process this request for reimbursement. I agree to the information written above, and verify that the member met the requirements of the program.

Member signature X

The person signing this form is advised that the willful entry of false or fraudulent information renders you liable to be withdrawn from this fitness reimbursement program.

Reimbursement instructions

The *State of New Hampshire Home Exercise Equipment Reimbursement Form* is to be completed by the member purchasing the home exercise equipment. Attach a photocopy of the original receipt to this form. **If you would like to transfer this benefit to a dependent, you must call the Customer Service number on the back of your ID card before submitting the form.**

Please follow the instructions below when completing this form:

1. Fill in all unshaded sections.
2. Sign and date the form when completed and keep a copy for your records (form will not be returned).
3. Send the completed *State of New Hampshire Home Exercise Equipment Reimbursement Form* and photocopy of the original receipt to:
Claims Department
Anthem Blue Cross and Blue Shield
P.O. Box 533
North Haven, CT 06473-0533
4. If you have any questions about this program, please call the Customer Service number on the back of your ID card.

The member will not be reimbursed if:

1. The member was not a current or eligible Anthem Blue Cross and Blue Shield member when home exercise equipment was purchased.
2. The member did not complete the requirements of the program.

This form will be returned if:

1. The form is not completed with the required information.
2. A photocopy of the original receipt is not attached to this form.